

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	PAUL JULIAN SMITH SR.	COURT CASE NUMBER	1:07-CV-00477-GMS
DEFENDANT	(CMS) REGIONAL Medical-First Correctional	TYPE OF PROCESS	ORDER PROCESS

SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	DANIEL L. MCKENTY Heckler & Frabizzio
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	800 DELAWARE AVENUE, SUITE 200 P.O. Box 128 Wilmington DE 19879

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	3
	Check for service on U.S.A.	

PAUL J. SMITH SR. 1416 COWMARSH CREEK ROAD CAMDEN, DELAWARE 19934

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

302-573-4800	<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILED JAN 17 2008 U.S. DISTRICT COURT DISTRICT OF DELAWARE </div>	SS
EMAIL: dmckenty@hadel.com LEAD ATTORNEY ATTORNEY TO BE NOTICED		

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
<i>[Signature]</i>		302-492-1122	10-23-07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 15	No. 15	BTF	1-15-08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	
Date of Service: 1/17/08 Time: _____ am Signature of U.S. Marshal or Deputy: <i>[Signature]</i>	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

Per Daniel McKenty, he has never represented CMS Refused Service, Return Unexecuted